Form **8871** (July 2000)

## Political Organization Notice of Section 527 Status

OMB No 1545-1693

	tt I General Information	/11					
1	Name of organization	1750	OMMITTEE	Employer identification number			
2	Mailing address (P.O. Box or nu	imber, street, and room	or suite number)	OI JOI GO			
	689 WOOL			91-2068205			
	City or town, state, and ZIP coo	9, MN 53	5060				
3	E-mail address of organization	unic. net					
4a	Name of custodian of records 4b Custod		4b Custodian's address	and Out			
	MARK SEB	eins					
			DWATONNA, MN 55060				
5a	Name of contact person		5b Contact person's address	689, WOODHILL IPL,			
		7					
	CONNIE KI	174	DWATOWN	14 MN 55060			
5	Business address of organization	Business address of organization (if different from mailing address shown above): Number, street, and room or stitle number					
	City or town, state, and ZIP co.	de					
Pa	rt II Purpose		<u> </u>	·			
7	Describe the purpose of the or	ganization					
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_		d Entities (see instr	ructions)	each that goal.			
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	rt III List of All Relate	d Entities (see instr	ructions)	ceiving and each that goal.			
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84	Name of related entity	d Entities (see instr	ructions)	ceiving and each that goal.			
84	RECEIVED	d Entities (see instr	ructions)	ceiving and each that goal.			
84	RECEIVED  AUG 0 6 2000  OGDEN. UT	d Entities (see instr	ructions)				



■ Name		9b Title	ompensated Employees (see instructions)  9c Address		
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Und	Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and the true code, and complete				
: Rev	title, conect and complete		companying schedules and statements, and to the best of my knowledge and belief		
	Council Signature of authorized of	2 hist	1/31/00		
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